IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

#305 400

PERMIT# 10253S PIN# 4638078205 DATE 4/24/2002

OWNER OR CONTRACTOR Mike Hauge PHONE: Business 902-1348 Bill Fenton Home 921-7051

ADDRESS 178 Gabriel Dr Mooresville, NC 28115

LOCATION Fern Hill Tr Broadview loop 3rd lot on left

SUBDIVISION Broadview Loop BLOCK / SECTION 15 LOT 12 LOT AREA .82 Acre SITE CLASS RS DESIGN FLOW 480gpd L.T.A.R. .3

CL4

Septic Tank: 1000 Gallons; STB 825 Date 1-4-02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. 530

Nitrification Field: No Fields 1 Square Feet 1590' Linear Feet ~~400'~~

No Lines ~~6~~ 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity-Conventional / Panel Block

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 3.5 No. Employees _____

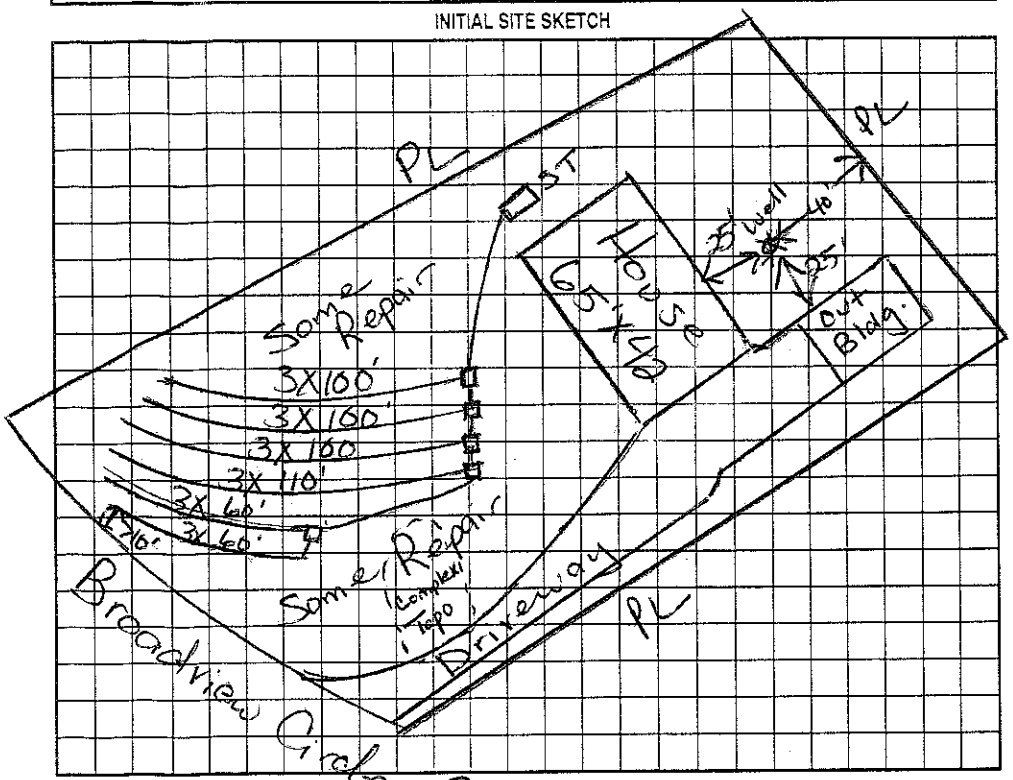
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' From PL & 100' to Well.

Comments:/Conditions: Note: Need well variance from DINER to be closer than 25' to building. Blue Filter installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Conventional Drainfield in 5 lines

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Bill F date _____ Installed by: Rowan Septic

Improvement Permit by: Maria H. H. Dotson RS date 4/25/2002 Operation Permit by: Maria H. H. Dotson RS date 5/21/2002

Authorization to Construct by: Maria H. H. Dotson RS date 4/25/2002 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK